



COMMONWEALTH OF MASSACHUSETTS

## TOWN OF ABINGTON

### Inspectional Services

500 GLINIEWICZ WAY

ABINGTON, MA 02351

Tel: (781) 982-2105

E-Fax (925) 480-8634

Marshall Adams  
Inspector of Buildings  
Zoning Enforcement Officer

### SIGN PERMIT APPLICATION

Permit # \_\_\_\_\_

Fee \$ \_\_\_\_\_

To the INSPECTOR OF BUILDINGS:

The undersigned hereby applies for a Sign Permit according to the Sign By-Laws of the  
TOWN OF ABINGTON and THE MASSACHUSETTS STATE BUILDING CODE.

Location of Sign \_\_\_\_\_

Name of Owner is \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address \_\_\_\_\_

Name of Contractor is \_\_\_\_\_

Address \_\_\_\_\_

Type of Sign is: Wall \_\_\_\_\_, Free Standing Pole \_\_\_\_\_, Roof \_\_\_\_\_, Letter \_\_\_\_\_  
Projecting \_\_\_\_\_, Marquee \_\_\_\_\_, Temporary \_\_\_\_\_, Awning \_\_\_\_\_  
Directional \_\_\_\_\_, Combination \_\_\_\_\_, Electric \_\_\_\_\_

Type of Construction: Wood \_\_\_\_\_, Steel \_\_\_\_\_, Plastic \_\_\_\_\_, Glass \_\_\_\_\_

Combination \_\_\_\_\_, Size \_\_\_\_\_

Type of Support or Attachment: \_\_\_\_\_

ESTMATED COST (Must Be Answered) \$ \_\_\_\_\_

Zoning \_\_\_\_\_ Use Group \_\_\_\_\_ Type of Construction \_\_\_\_\_

Signature of Owner or Authorized Representative \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Approved \_\_\_\_\_ Date: \_\_\_\_\_

(Inspector of Buildings)